

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 09/19/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>114012</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/29/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>RIDGEVIEW INSTITUTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3995 S COBB DRIVE. SE SMYRNA, GA 30080</b>		
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B 000	INITIAL COMMENTS  An unannounced validation survey was conducted by federal surveyors from 8/27/18 to 8/29/18. The census at the time of the survey was 129 patients, and the sample was ten (10).	B 000		
B 108	DEVELOPMENT OF ASSESSMENT/DIAGNOSTIC DATA CFR(s): 482.61(a)(4)  The social service records, including reports of interviews with patients, [REDACTED], and others, must provide an assessment of home plans and [REDACTED] attitudes, and community resource contacts as well as a social history.  This Standard is not met as evidenced by: Based on record review, document review, and interview, the facility failed to provide psychosocial assessments that met professional social work standards. These assessments failed to include individualized patient-centered treatment recommendations that described anticipated social work roles in treatment and discharge planning for eight (8) of ten (10) active sample patients. (A1, A3, A4, A7, A8, A9, A10, and A11). The Psychosocial Assessment Form was preprinted and listed three generic treatment recommendations that could be selected by checkboxes. All of the eight (8) patient assessments listed had the same three treatment services. This failure results in a lack of individualized social work treatment services or lack of input to the treatment team.  Findings include:  A. Record Review  1. Review of the Psychosocial Assessments for	B 108		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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B 108	<p>Continued From page 1</p> <p>all patients revealed the following; Patient A1's Psychosocial Assessment, (dated 8/20/18); Patient A3's Psychosocial Assessment, (dated 8/15/18); Patient A4's Psychosocial Assessment, (dated 8/21/18); Patient A7's Psychosocial Assessment, (dated 8/22/18); Patient A8's Psychosocial Assessment, (dated 8/25/18); Patient A9's Psychosocial Assessment, (dated 8/21/18); Patient A10's Psychosocial Assessment, (dated 8/21/18); and Patient A11's Psychosocial Assessment, (dated 6/22/18) all had non-individualized, generic patient treatment recommendations that were chosen by checking from three different boxes. The identical recommendations included:</p> <p>"Introduce self and explain the role of Treatment, i.e., liaison between patient, family, physician, treatment team, and referral sources, treatment providers via group/ individual contact and a multidisciplinary treatment plan."</p> <p>"Reviewed patient/family expectations for treatment."</p> <p>"Provided further program orientation and education regarding preliminary discharge plans."</p> <p><b>B. Document Review</b></p> <p>Review of the hospital policy, "Assessment of Patients," Revised 2/18, showed that the Psychosocial Assessment requires an "Integrated summary, including primary problems to be addressed during this episode of treatment."</p> <p>The policy for the Psychosocial Assessments did not reference any requirement for an</p>		B 108	

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B 108	<p>Continued From page 2</p> <p>individualized treatment recommendation to be provided by the social work staff.</p> <p>C. Interviews:</p> <ol style="list-style-type: none"> <li>1. During an interview on 8/28/18 at 2:30 p.m., the Clinical Director/Director of Social Worker concurred with the findings that the psychosocial evaluations contained generic non-individualized treatment recommendations.</li> <li>2. During an interview on 8/28/18 at 3:30 p.m., the CNO concurred with the findings of generic social work treatment recommendations.</li> <li>3. During an interview on 8/29/18 at 10:15 a.m., the Senior Vice President and the Chief Executive Officer (CEO) concurred with the findings regarding deficiencies in the Psychosocial Assessments.</li> </ol>	B 108		
B 110	<p><b>PSYCHIATRIC EVALUATION</b> CFR(s): 482.61(b)</p> <p>Each patient must receive a psychiatric evaluation.</p> <p>This Standard is not met as evidenced by: Based on record review, policy review, and interview, it was determined that for three (3) of ten (10) active sample patients (A6, A7, and A11), the facility failed to document a psychiatric evaluation. Psychiatric Evaluations were either not present on the medical record or illegible. This failure means there is no information to justify the diagnosis and the planned treatment. In addition, there is no baseline data from which the treatment team can assess the patient's change in status through the course of treatment.</p>	B 110		

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B 110	<p>Continued From page 3</p> <p>Findings Include:</p> <p>A. Record Review</p> <p>1. Patient A6, admitted on [REDACTED] did not have a Psychiatric Evaluation present on the medical record on 8/28/18 at 2:20 p.m. Upon questioning the CNO (Chief Nursing Officer), the dictated Psychiatric Evaluation was printed and given to the surveyor. No psychiatric evaluation, however, was present on the medical record from 8/23/18 until sometime after 2:20 p.m. on 8/28/18.</p> <p>2. Patient A7, admitted on [REDACTED] had a hand-written Psychiatric Evaluation dated 8/22/18. The document was illegible and could not be read by the surveyor or the CNO. Facility personnel was able to arrange for the treating Psychiatrist to dictate and have it transcribed on 8/28/18. Prior to this time, the illegible Psychiatric Evaluation was on the patient's medical record.</p> <p>3. Patient A11, admitted on [REDACTED] had a hand-written Psychiatric Evaluation dated 8/27/18 that was illegible. Based on the information in the evaluation, the illegible diagnosis could not be deciphered by the surveyor or the CNO.</p> <p>B. Document Review</p> <p>Review of the hospital policy, "Assessment of Patients," dated 2/18 stated, "The psychiatrist will complete a psychiatric evaluation within the first 24 hours ..."</p> <p>C. Interviews</p> <p>1. During an interview on 8/28/18 at 1:20 p.m.,</p>	B 110	

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B 110	<p>Continued From page 4</p> <p>the Medical Director concurred with the deficient findings regarding the Psychiatric Evaluations.</p> <p>■ stated that ■ was proposing the formation of a committee to address and make recommendations to improve systems that had been deficient or needed to be restructured.</p> <p>2. During an interview on 8/28/16 at 3:30 p.m., the CNO stated there were problems with a recently implemented, "Electronic Signature System," which required a doctor signature prior to the evaluations being printed and placed on the patients' medical records.</p> <p>3. During an interview on 8/29/18 at 10:15 a.m., the Senior Vice President and the Chief Executive Officer (CEO) concurred with the findings regarding the lack of Psychiatric Evaluations on the medical record and the expectation that a readable evaluation should be in the record within 60 hours.</p>	B 110		
B 121	<p>TREATMENT PLAN CFR(s): 482.61(c)(1)(ii)</p> <p>The written plan must include short-term and long range goals.</p> <p>This Standard is not met as evidenced by: Based on record review, document review, and interview, the facility failed to provide Master Treatment Plans (MTPs) that included patient-related goals stated in measurable, behavioral terms for eight (8) of ten (10) active sample patients (A1, A3, A4, A7, A8, A9, A10, and A11). In addition, the goals were nearly identical for all patients with the same diagnosis. This deficient practice hampers the ability of the treatment team to provide individualized goal-directed treatment and to determine the</p>	B 121		

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B 121	<p>Continued From page 5</p> <p>effectiveness of interventions based on changes in patient behaviors.</p> <p>Findings Include:</p> <p>A. Record Review</p> <p>1. Patient A1 was admitted on 8/17/18. The MTP, dated 8/18/18, identified the problem, "Danger to self with psychosis as evidenced by: Pt [patient] having bizarre delusions and attempting to jump out of the car twice while driving to RVI [Ridgeview Institute]. Pt had attempt in May 2018." The unmeasurable Short-Term Goal (STG) for this problem was "Patient will demonstrate use of the following coping skills when having thoughts of 'kill self' [sic]: mindfulness, deep breathing."</p> <p>2. Patient A3 was admitted on [REDACTED] The MTP, dated 8/15/18, identified the problem, "Symptoms of mood instability as evidenced by: hx [history] of Bipolar with current depressive Sxs [Symptoms]. Decreased energy, decreased interest in activity, hopelessness." The staff-centered STG for this problem was, "The patient will comply with medication administration."</p> <p>3. Patient A4 was admitted on [REDACTED] The MTP, dated 8/19/18, identified the problem, "Cognitive Impairment (mild to moderate) as evidenced by: hx of dementia with behavioral disturbance; delusions." The unmeasurable and staff-centered STG for this problem was, "The patient and/or family will understand and accept cognitive limitations and use alternate coping mechanisms."</p> <p>4. Patient A7 was admitted on 8/21/18. The</p>		B 121		

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B 121	<p>Continued From page 6</p> <p>MTP, dated 8/21/18, identified the problem, "Danger to self as evidenced by SI [Suicidal Ideation] and urges, self-harm behavior, cutting, SI [Suicidal Ideation] with plan to slit entire arm, to shoot self and stab self." The unmeasurable STG for this problem was, "Patient will demonstrate use of the following coping skill (s): deep breathing, journaling when having thoughts of cutting, or stabbing self." For the problem, "Impaired skin integrity as evidenced by history of self-harming behaviors by cutting," the unmeasurable STG was, "The patient will verbalize understanding of the treatment and preventative measures of self-harming by cutting prior to admission."</p> <p>5. Patient A8 was admitted on [REDACTED]. The MTP, dated 8/22/18, identified the problem, "Danger to self as evidenced by: SI with different plans such as drowning self, suffocation, swallowing metal." The unmeasurable STG for this problem was, "Patient will demonstrate use of the following coping skill (s): emotional regulation, meditation when having thoughts of SI and/or SH [sic] by drowning."</p> <p>6. Patient A9 was admitted on [REDACTED]. The MTP, dated 8/21/18, identified the problem, "Risk of complication during detoxification as evidenced by substance abuse withdrawal: confusion, tremors, DTs (Delirium Tremors) nausea/vomiting, diarrhea, abdominal cramps, body aches, runny nose." The non-individualized, staff-centered STGs for this problem were, "The patient will detoxify in a controlled hospital environment," and, "The patient will have minimal discomfort while withdrawing from benzos [benzodiazepines-medication to treat anxiety] and opioids [pain killers]."</p>	B 121		

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B 121	<p>Continued From page 7</p> <p>7. Patient A10 was admitted on [REDACTED]. The MTP, dated 8/20/18, identified the problem, "Symptoms of Psychosis as evidenced by: Patient reports thinking [husband/wife] is trying to hurt [him/her] and believes [husband/wife] sexually abused 3-month-old baby. Patient displays tangential and disorganized thoughts." The unrelated, staff-centered STG for this problem was, "The patient will develop a plan for aftercare and on-going recovery."</p> <p>8. Patient A11 was admitted on [REDACTED]. The MTP, dated 8/23/18, identified the problem, "Substance related disorder as evidenced by: 'several' vodka drinks 3-5 days/week." The unmeasurable, staff-centered goal for this problem was, "Patient will participate in addiction treatment."</p> <p><b>B. Document Review</b></p> <p>Review of the facility policy, "Treatment Planning," effective 2/18, revealed no mention of short-term goals.</p> <p><b>C. Interview</b></p> <p>During an interview on 8/29/18 at 10:15 a.m., the Chief Nursing Officer (CNO), the Chief Executive Officer (CEO), and the Corporate Senior Vice-President for Clinical Services acknowledged an understanding that the pre-printed forms made it difficult for the STGs to be individualized, patient-centered, and measurable.</p>	B 121		
B 122	<p><b>TREATMENT PLAN</b> CFR(s): 482.61(c)(1)(iii)</p> <p>The written plan must include the specific</p>	B 122		

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B 122	<p>Continued From page 8 treatment modalities utilized.</p> <p>This Standard is not met as evidenced by: Based on medical record review, document review, and interview, the facility failed to document specific treatment interventions that were based on the individual needs of nine (9) of ten (10) active sample patients (A1, A2, A3, A4, A7, A8, A9, A10, and A11). Specifically, the interventions were pre-printed based on the chosen problem sheet (Depressed Mood, Symptoms of Psychosis, etc.) and were not designed to address individual needs. In addition, interventions were often generic discipline functions that would be provided for every patient. This failure to document specific individualized treatment approaches on the MTP interferes with the assurance of consistency of approach to each patient's problem(s).</p> <p>Findings include:</p> <p>A. Record Review</p> <ol style="list-style-type: none"> <li>Patient A1's Master Treatment Plan (MTP), dated 8/17/18, listed the STG, "Patient will demonstrate the use of the following coping skill (s) when having thoughts of: 'Kill Self' [sic]: mindfulness, deep breathing." The interventions for this STG included the generic nursing intervention, "Place patient on Suicide Precaution to prevent self-harm/suicidal behavior per physician's order."</li> <li>Patient A2's MTP, dated 8/16/18, listed the STG, "The patient will comply with medications and complete ADLs [Activities of Daily Living] without staff assistance for 3 consecutive days." The interventions for this STG included the</li> </ol>	B 122		

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B 122	<p>Continued From page 9</p> <p>generic nursing interventions, "Administer medications as ordered," and "Monitor ADLs and provide assistance as needed."</p> <p>3. Patient A3's MTP, dated 8/14/18, listed the STG, "The patient will develop a plan for aftercare and on-going recovery." The interventions for this STG included the generic therapist intervention, "Discuss aftercare recommendations with patient and family."</p> <p>4. Patient A4's MTP, dated 8/19/18, listed the STG, "The patient will comply with medication administration and assistance with ADLs." The interventions for this STG included the generic nursing intervention, "Evaluate and initiate/dispense medications as ordered by Physician." For the STG, "The patient and/or family will participate in aftercare planning," the generic therapist intervention was, "Identify and connect patient to community resources for continued support after discharge."</p> <p>5. Patient A7's MTP, dated 8/21/18, listed the STG, "Patient will demonstrate use of the following coping skill (s): deep breathing, journaling when having thoughts of cutting or stabbing self." The interventions for this STG included the generic nursing intervention, "Place patient on Suicide Precaution to prevent self-harm/suicidal behavior per physician order."</p> <p>6. Patient A8's MTP, dated 8/22/18, listed the STG, "Patient will demonstrate use of the following coping skill (s): emotional regulation, meditation when having thoughts of SI [suicidal ideation] and/or SH [sic] by drowning." The interventions for this STG included the generic nursing intervention, "Place patient on Suicide Precaution to prevent self-harm/suicidal behavior</p>	B 122		

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B 122	<p>Continued From page 10 per physician order."</p> <p>7. Patient A9's MTP, dated 8/21/18, listed the STG, "Patient will participate in addiction treatment." The interventions for this STG included the following generic nursing interventions, "Staff will approach the patient in a direct, nonjudgmental manner. Engage the patient in milieu activities increasing the patient's confidence level and build basic assertiveness skills," and the generic Certified Alcohol and Drug Counselor (CADC) intervention was, "The CADC will assess the patient accordingly."</p> <p>8. Patient A10's MTP, dated 8/20/18, listed the STG, "The patient will comply with medications and complete ADLs [Activities of Daily Living] without staff assistance for 3 consecutive days." The interventions for this STG included the generic nursing intervention, "Administer meds [medications] as ordered," and the generic therapist intervention was, "Provide and facilitate [redacted] therapy."</p> <p>9. Patient A11's MTP, dated 8/22/18, listed the STG, "Patient will participate in addiction treatment." The interventions for this STG included the following generic nursing interventions, "Staff will approach the patient in a direct, nonjudgmental manner. Engage the patient in milieu activities increasing the patient's confidence level and build basic assertiveness skills," and the generic CADC intervention was, "The CADC will assess the patient accordingly."</p> <p>B. Document Review</p> <p>Review of the facility policy, "Treatment Planning," effective 2/18, revealed no guidance or recommendations regarding interventions.</p>	B 122		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
B 122	Continued From page 11  C. Interview  During an interview on 8/29/18 at 10:15 a.m., the Chief Nursing Officer (CNO), the Chief Executive Officer (CEO), and the Corporate Senior Vice-President for Clinical Services acknowledged an understanding that the pre-printed forms made it difficult to develop individualized interventions. The CNO also acknowledged that many of the nursing interventions were generic, discipline job functions.	B 122		
B 144	MEDICAL STAFF CFR(s): 482.62(b)(2)  The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.  This Standard is not met as evidenced by: Based on medical record review, policy review, and interview, the medical director failed to:  1. Ensure the documentation of psychiatric evaluations for active sample patients (A6, A7, and A11). Psychiatric Evaluations were either not present on the medical record or illegible. Therefore, there is no information to justify the diagnosis and the planned treatment. In addition, there is no baseline data from which the treatment team can assess the patient's change in status through the course of treatment. (Refer to B110)  2. Ensure that Master Treatment Plans (MTPs) included patient-related goals stated in measurable and behavioral terms for eight (8) of ten (10) active sample patients (A1, A3, A4, A7,	B 144		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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B 144	<p>Continued From page 12</p> <p>A8, A9, A10, and A11). In addition, the goals were nearly identical for all patients with the same diagnosis. This deficient practice hampers the ability of the treatment team to provide individualized goal-directed treatment and to determine the effectiveness of interventions based on changes in patient behaviors. (Refer to B121)</p> <p>3. Document specific treatment interventions that were based on the individual needs of nine (9) of ten (10) active sample patients (A1, A2, A3, A4, A7, A8, A9, A10, and A11). Specifically, the interventions were pre-printed based on the chosen problem sheet (Depressed Mood, Symptoms of Psychosis, etc.) and were not designed to address individual needs. In addition, interventions were often generic discipline functions that would be provided for every patient. This failure to document specific individualized treatment approaches on the MTP interferes with the assurance of consistency of approach to each patient's problem(s). (Refer to B122)</p> <p>Interview</p> <p>During an interview on 8/28/18 at 1:20 p.m., the Medical Director concurred with the deficient findings regarding the Psychiatric Evaluations. He stated that he was proposing the formation of a committee to address and make recommendations to improve systems that had been deficient or needed to be restructured.</p>	B 144		
B 148	<p>NURSING SERVICES CFR(s): 482.62(d)(1)</p> <p>The director must demonstrate competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing</p>	B 148		

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B 148	<p>Continued From page 13</p> <p>care and therapy; and to direct, monitor, and evaluate the nursing care furnished.</p> <p>This Standard is not met as evidenced by: Based on record review, document review, and interview the Director of Nursing failed to ensure that nursing treatment interventions were based on the individual needs for eight (8) of ten (10) active sample patients (A1, A2, A4, A7, A8, A9, A10, and A11). Specifically, the interventions were pre-printed based on the chosen problem sheet (Depressed Mood, Symptoms of Psychosis, etc.) and were not designed to address individual patient needs. In addition, interventions were often generic nursing functions that would be provided for every patient. This failure to document specific individualized nursing treatment approaches on the MTP interferes with the assurance of consistency of nursing approach to each patient's problem(s).</p> <p>Interview</p> <p>During an interview on 8/29/18 at 10:15 A.M., the Chief Nursing Officer (CNO) acknowledged that many of the nursing interventions were generic, discipline job functions.</p>		B 148	